PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. D5453 Attorn y Dock t Number **DECLARATION FOR UTILITY OR** James T. Beaucaire First Nam d Inventor **DESIGN** COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** Filing Date X Declaration Declaration OR Submitted after Initial Submitted Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e))

Filling	require	d)	Examiner Name		
As the below named inver	ntor, I hereby decla	re that:		and the second section of the section of the section of the second section of the secti	
My residence, mailing addre	ess, and citizenship	are as stated belo	w next to my name.		
I believe I am the original ar	nd first inventor of th	e subject matter v	which is claimed and for	which a patent is soug	ght on the invention entitled:
Method And Appai	ratus For Use \	With A Fluid F	Filter		
L		(Title of the li	nvention)		
the specification of which		•	,		
is attached hereto					
OR					
was filed on (MM/DD)	MYY)		as United State	s Application Number	or PCT International
Application Number		and was amende	ed on (MM/DD/YYYY)		(if applicable).
I hereby state that I have re- any amendment specifically		and the contents o	of the above identified sp	pecification, including t	he claims, as amended by
I acknowledge the duty to di applications, material inform international filing date of the	ation which became	e available betwee	patentability as defined in the filing date of the p	d in 37 CFR 1.56, included in a community of the communit	uding for continuation-in-part e national or PCT
I hereby claim foreign priorit breeder's rights certificate(s States of America, listed be	ty benefits under 35 s), or 365(a) of any	U.S.C. 119(a)-(d) PCT international	l application which desi	gnated at least one c	for patent, inventor's or plant ountry other than the United for patent, inventor's or plant plication on which priority is
Prior Foreign Applica Number(s)	rtion	Country	Foreign Filing Date (MM/DD/YYYY)	e Priority Not Claimed	Certified Copy Attached? YES NO
Number(s)			(mm/bb/1141)		
Additional foreign appl	lication numbers are	listed on a supple	emental priority data she	eet PTO/SB/02B attac	hed hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Lal	1 30402		OR Com	respondence address below				
Dennis Kelly Sullivan, International Engine Intellectual Property Company, LLC								
	4201 Winfield Road, P.O. Box 1488							
c _{ity} Warrenville		State	Illinois	ZIP 60555				
Country USA To	elephone	630	-753-2311	Fax 630-753-3982				
I hereby declare that all statements made herein of my are believed to be true; and further that these stateme made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents were made witl	h the kno	owledge that willful false	statements and the like so				
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as bee	en filed for this unsigr	ned inventor				
Given Name James T. (first and middle [if any])		Family or Sur	/ Name Beaucaire					
Inventor's Signature	sson (Date /0/2 9/03				
Glen Ellyn Residence: City		•	United States Country	United States Citizenship				
22W754 Sycamore Dr.				T				
Glen Ellyn City	IL State		60137 ZIP	United States Country				
NAME OF SECOND INVENTOR:	A petition ha	s been	filed for this unsigne	ed inventor				
Given Name (first and middle [if any])		Family or Sur	Name Dickerson					
Inventor's Standielson				Date /6/29/63				
Lake In The Hills Residence: City			United States Country	United States Citizenship				
2940 Banbury Lane Mailing Address								
Lake In The Hills	IL State		60102 ZIP	United States Country				
	supplemental Additi	onal Inve	entor(s) sheet(s) PTO/SB	/02A attached hereto.				

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1

				Manager Street			
Name of Additional Joint Inventor, if an	ıy:		A petitio	on has been filed	for thi	is unsigned inventor	
Given Name (first and middle [if any]))		Family Name or Surname			rname	
Michael A.				Maj	ewski		
Inventor's Signature Muchael & Ma	yun					Date 10/29/03	
Residence: City	State		Country	United Stat	es c	itizenship U.S.A.	
1800 Cecily Drive Mailing Address							
Mailing Address							
City Joliet	State IL		ZIP	60435 c	ountry	United States	
Name of Additional Joint Inventor, if an	ıy:		A petition	n has been filed	for this	unsigned inventor	
Given Name (first and middle [if any])			Family Name	or Su	irname	
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Inventor's Signature						Date	
Residence: City	State		Country			Citizenship	
Mailing Address							
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City	State		ZIP	28 17 M 2 M 1 P M	Cour	ntry	
Name of Additional Joint Inventor, if a	ny:		A petition	has been filed f	or this	unsigned inventor	
Given Name (first and middle [if any])			Family N	ame o	r Sumame	
Inventor's Signature						Date	
Residence: City	State		Country	<i>.</i>		Citizenship	
Mailing Address							
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City	State		ZIP		Co	untry	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	James T. Beaucaire
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5453

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OR	ers at Customer Number er(s) named below:	30409			Place Customer Number Bar Code Label here
	Name	entra en en en en entre en	CONTRACTOR AND CONTRACTOR	Registrat	ion Number
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Jeffre	ey P. Calfa		37	 ,105	
<u> </u>	T. Powell			,020	
Susa	n L. Lukasik		35	,261	
business in the Please change the	ney(s) or agent(s) to prosecur United States Patent and Tra he correspondence address mentioned Customer Numbe	ademark Office co	nnecte	d therewith	1.
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	t/Inventor. e of record of the entire interent ont under 37 CFR 3.73(b) is e			96).	
	SIGNATURE of A	applicant or Assign	ee of F	Record	
Name		James T.	Beauc	aire	
Signature	Jan 8. 6	Leaven			
Date	10/29/00				
	the inventors of assignees of recorsignature is required, see below.	rd of the entire interest	or their	representativ	re(s) are required. Submit multiple
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First Named Inventor	James T. Beaucaire
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5453

OR	nt: ners at Customer Number er(s) named below:	30409]	Place Customer Number Bar Code Label here
	Name		Registra	tion Number
Den	nis K. Sullivan		26,510	
Jeffr	ey P. Calfa		37,105	
	T. Powell		45,020	
n	n L. Lukasik		35,261	
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		7
Filing Date		
First Named Inventor	James T. Beaucaire	
Group Art Unit		
Examiner Name		
Attorney Docket Number	D5453	_6

Practitioners at Customer Number OR Practitioner(s) named below: Name Dennis K. Sullivan Jeffrey P. Calfa Neil T. Powell Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Please of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submitted.	I hereby appoint:					
Dennis K. Sullivan Jeffrey P. Calfa Jeffrey P. Calfa Jar. 105 Neil T. Powell Susan L. Lukasik Jas. 261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Practitioners at Customer Number 30409 Number Bar Code Label here					
Jeffrey P. Calfa 37,105				Registration Number		
Neil T. Powell 45,020 Susan L. Lukasik 35,261 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to:	Denr	nis K. Sullivan	llivan		26,510	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Date 10/29/03 NOTE: Signatures of all the inventors or assignaes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Jeffrey P. Calfa			37,105	37,105	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Neil T. Powell		45,020	45,020		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Susan L. Lukasik		35,261	35,261		
The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: I Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Mula C Majewski NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Michael A. Majewski Signature Toland C Tragent Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The above-mentioned Customer Number.					
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Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Majewski Signature Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				State	Zip	
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Name Michael A. Majewski Signature Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Signature Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record					
Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Michael A. Majewski				
Date 10/29/03 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Michael & Marini				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date					